

JUVENILE NAME _____ JUVENILE ID# _____
 JUVENILE DATE OF BIRTH ____/____/____ SEX ____ M ____ F SS# ____-____-____
 RACE: ____ WHITE ____ BLACK ____ HISPANIC ____ ORIENTAL ____ AMERICAN INDIAN ____ OTHER ____
 PARENT NAME _____ SS# ____-____-____

PRESENT OFFENSE CODE (List multiple offenses) _____
 DATE REFERRAL RECEIVED ____/____/____ DATE FORM COMPLETED ____/____/____
 COUNTY _____ CIRCUIT _____ JUVENILE OFFICER _____

Age at 1st Referral

16 -2
 15 0
 14 0
 13 0
 12 and under 1

Prior Referrals

None 0
 One or more 2
 (Actual number of referrals _____)

Assault Referrals

No prior or present referrals
 for assault 0
 One or more prior or present
 referral for misdemeanor assault 1
 One or more prior or present referrals
 for felony assault 2
 (Actual number of referrals _____)

History of Placement

No prior out-of-home placement 0
 Prior out-of-home placement 1

Peer Relationships

Neutral influence 0
 Negative influence 1
 Strong negative influence 2

History of Child Abuse

No history of child abuse/neglect 0
 History of child abuse/neglect 1
 (Petition filed/DFS finding probable
 cause)

Substance Abuse

No alcohol or drug abuse problem 0
 Moderate alcohol and/or drug
 abuse problem 1
 Severe alcohol and/or drug
 abuse/dependence 2

School Attendance/Disciplinary

No or only minor problems -1
 Moderate problems 0
 Severe problems 1

Parental Management Style

Effective management style 0
 Moderately ineffective management
 style 1
 Severely ineffective management
 style 2

Parental History of Incarceration

No prior incarceration 0
 Prior incarceration 1

RISK SCORE:

RISK LEVEL:

8 & above= High Risk
1 – 7 = Moderate Risk
-3 – 0 = Low Risk

**Motion to dismiss for
certification sustained:**

Check action taken (one):

_____ Informal Adjustment
 _____ Formal Process/Adjudication

REFER TO MATRIX.**Check all sanctions applied.**

_____ None
 _____ Warned/Counseled
 _____ Restitution
 _____ Community Service
 _____ Court Fees & Assessment
 _____ Supervision
 _____ Day Treatment
 _____ Intensive Supervision
 _____ Court Residential Placement
 _____ Commitment to DYS
 _____ Other: _____

**If the primary sanction(s) applied
were not recommended in the matrix,
check one of the following reasons for
not using a recommended sanction:**

_____ Nature of the offense
 _____ Severity of problems associated
 with one or more risk factors
 _____ Mitigating or aggravating
 circumstances
 _____ Judicial decision

Check all services offered/provided:

_____ None
 Prevention & Education Programs
 _____ G.E.D. classes
 _____ Tutoring
 _____ Mentoring
 _____ Vocational training
 _____ Shoplifters' program
 _____ Drug & alcohol
 awareness programs
 Intervention Programs
 _____ Family counseling
 _____ Individual counseling
 _____ Substance abuse groups
 _____ Sex offender programs
 _____ Other: _____

Custody to:

Division of Family Services
 _____ Residential
 _____ Foster Care

Department of Mental Health

_____ Residential
 _____ In-home Services
 _____ Other: _____